



January 2002

Dear Provider:

This is to notify you of the HCPCS (Healthcare Common Procedure Coding System) changes for 2002 that will be implemented effective for dates of service on and after February 1, 2002. Providers who bill on the HCFA 1500 or 837 professional claim format must use the new 2002 covered HCPCS codes as appropriate. The Michigan Department of Community Health (DCH) is working to bring more consistency to the billing process for our providers and to be HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant by the national implementation deadlines.

All payers have very short notice of the national coding changes that occur annually and the DCH is striving to provide the information to you as timely as possible. Attached is a list of the new 2002 procedure codes with the short code description that DCH will be covering for Medical Suppliers, DME Dealers, Orthotists, and Prosthetists (Attachment I). Any new procedure code not listed will not be covered at this time. In addition, a list of revisions to existing procedure codes with short code description is included (Attachment II). You are reminded that, each year, you must purchase the national codebooks that include HCPCS Level II procedure codes and ICD-9-CM diagnosis codes. They are available from various sources including Medicode at 1-800-999-4600. These books must be referenced for the full code description as well as additional information regarding coding guidelines.

All procedure codes deleted from the national code sets will be eliminated from use for dates of service on and after February 1, 2002. A full list of deleted codes, added codes and code description changes can be found in the Introduction of HCPCS 2002.

The DCH website (www.mdch.state.mi.us/msa/mdch_msa/medicaid_data.htm) will contain databases organized by provider group listing the covered codes, short descriptions, fees and other payment indicators. The database will be available to providers by February 1, 2002.

We appreciate your patience in working through the transition processes that will continue to occur as all payers and providers move to be HIPAA compliant. If you have questions or concerns, you can contact our Provider Support area by phone at 1-800-292-2550 or by e-mail at ProviderSupport@michigan.gov.

Cordially,

A handwritten signature in black ink, appearing to read "Robert M. Smedes".

Robert M. Smedes
Deputy Director for
Medical Services Administration

attachments

**Michigan Medicaid New 2002 HCPCS Codes Effective for Medical Suppliers,
DME Dealers, Orthotists, and Prosthetists 2-1-02**

HCPCS*	Short Description	Comments
GY	Excluded from Medicare	Replaces use of modifier GX
GZ	Not reasonable & necessary	Replaces use of modifier GX
A4360	Adult Incontinence Garment	Use modifiers SM, MD, LG or XL only, Replaces S8402
A5509	Direct heat form shoe insert	Use for replacement only
A5510	Compression form shoe insert	Use for replacement only
A5511	Custom fab molded shoe inser	Use for replacement only
A6010	Collagen based wound filler	Prior authorization required
B4036	Enteral feed sup kit grav by	Replaces Y3715
B4086	Gastrostomy/jejunostomy tube	Replaces B4084 and B4085
B4150	Enteral formulae category I	Replaces Y3803
B4151	Enteral formulae cat1natural	* Prior authorization required, Replaces Y3802
B4152	Enteral formulae category II	Replaces Y3803
B4153	Enteral formulae category III	Prior authorization required, Replaces Y3802
B4154	Enteral formulae category IV	Prior authorization required, Replaces Y3802
B4155	Enteral formulae category V	Prior authorization required, Replaces Y3802
B4156	Enteral formulae category VI	Prior authorization required, Replaces Y3802
B4184	Parenteral sol lipids 10%	Prior authorization required except for specified diagnoses (555.0, 560.9, 569.81, 577.0, 577.1, 577.2, 579.3)
B4186	Parenteral sol lipids 20%	Prior authorization required except for specified diagnoses (555.0, 560.9, 569.81, 577.0, 577.1, 577.2, 579.3)
B4189	Parenteral sol amino acid	Prior authorization required except for specified diagnoses (555.0, 560.9, 569.81, 577.0, 577.1, 577.2, 579.3)
B4193	Parenteral sol 52-73 gm prot	Prior authorization required except for specified diagnoses (555.0, 560.9, 569.81, 577.0, 577.1, 577.2, 579.3)
B4197	Parenteral sol 74-100 gm pro	Prior authorization required except for specified diagnoses (555.0, 560.9, 569.81, 577.0, 577.1, 577.2, 579.3)
B4220	Parenteral supply kit premix	
B4224	Parenteral supply kit homemi	
B9004	Parenteral infus pump portab	
B9006	Parenteral infus pump statio	
E0169	Seatlift incorp commodechair	Prior authorization required
E0316	Bed safety enclosure	Prior authorization required
E0482	Cough stimulating device	Prior authorization required
E0601	Cont airway pressure device	Prior authorization required except for specified diagnoses (780.51, 780.53, 780.57) In combination with K0268, replaces Y4315
E0604	Hosp grade elec breast pump	Prior authorization required, Coverage as rental only for up to 3 months, Replaces E0602
E1902	AAC non-electronic board	Prior authorization required
E0200	Gastric suction pump hme mdl	Prior authorization required, Coverage as rental only
E2100	Bld glucose monitor w voice	Prior authorization required
K0114	Other power whlchr base	Prior authorization required, Replaces Y4289, Y4291
K0115	Detach non-adjus hght armrst	Prior authorization required, Replaces Y4289, Y4291
K0116	Detach adjust armrst cmplete	Prior authorization required, Replaces Y4296
K0268	Humidifier nonheated w PAP	Prior authorization required except for specified diagnoses (780.51, 790.53, 780.57) In combination with E0601, replaces Y4315
K0541	SGD prerecorded msg <= 8 min	Prior authorization required, Replaces D5952, D5953
K0542	SGD prerecorded msg > 8 min	Prior authorization required, Replaces D5952, D5953
K0543	SGD msg formed by spelling	Prior authorization required, Replaces D5952, D5953
K0544	SGD w multi methods msg/accs	Prior authorization required, Replaces D5952, D5953
K0545	SGD sftwre prgrm for PC/PDA	Prior authorization required, Replaces D5952, D5953
K0546	SGD accessory,mounting systm	Prior authorization required, Replaces D5952, D5953
K0547	SGD accessory NOC	Prior authorization required, Replaces D5952, D5953

* **Please Note:** Comments regarding PA requirements for HCPCS code B4151 were omitted in error from Medical Suppliers Bulletin 01-08.

**Michigan Medicaid New 2002 HCPCS Codes Effective for Medical Suppliers,
DME Dealers, Orthotists, and Prosthetists 2-1-02**

HCPCS*	Short Description	Comments
K0549	Hosp bed hvy dty xtra wide	Prior authorization required, Replaces E0298
K0550	Hosp bed xtra hvy dty x wide	Prior authorization required, Replaces E0298
K0551	Residual limb support system	Prior authorization required
L0321	Tlso anti-post-cntrl prefab	Prior authorization required
L0331	Tlso ant-post-lat cntrl prfb	Prior authorization required
L0391	Tlso ant-post-lat-rot cntrl	Prior authorization required
L0561	Prefab Iso	Prior authorization required
L0515	Lso flex elas w/ rig post pa	Prior authorization required
L0986	Spinal orth abdm pnl prefab	Prior authorization required
L1005	Tension based scoliosis orth	Prior authorization required
L2768	Ortho sidebar disconnect	Prior authorization required
L3677	SO hard plastic stabilizer	Prior authorization required
L5301	BK mold socket SACH ft endo	Prior authorization required
L5311	Knee disart, SACH ft, endo	Prior authorization required
L5321	AK open end SACH	Prior authorization required
L5331	Hip disart canadian SACH ft	Prior authorization required
L5341	Hemipelvectomy canadian SACH	Prior authorization required
L5671	BK/AK locking mechanism	Prior authorization required
L5990	User adjustable heel height	Prior authorization required
L6881	Autograsp feature ul term dv	Prior authorization required
L8001	Breast prosthesis bra & form	Prior authorization required
L8002	Brst prsth bra & bilat form	Prior authorization required
L8510	Voice Amplifier	Prior authorization required
S5521	HIT midline cath insert kit	Prior authorization required
S8101	Spacer with mask	
S8180	Trach shower protector	
S8181	Trach tube holder	
S8185	Flutter device	Prior authorization required except for specified diagnoses 277.00, 277.01
S8186	Swivel adaptor	
S8189	Trach supply noc	Prior authorization required
S8401	Child-size diaper	Use modifiers LA or YD only, No modifier required for medium size, Replaces S8402
S8403	Adult-size pull-up brief	Replaces Y3626
S8404	Child-size pull-up brief	Replaces Y3626
S8420	Custom gradient sleeve/glov	Prior authorization required
S8421	Ready gradient sleeve/glov	Replaces Y3910, Y3912, and Y3914
S8422	Custom grad sleeve med	Prior authorization required
S8423	Custom grad sleeve heavy	Prior authorization required
S8424	Ready gradient sleeve	Replaces Y3909, Y3911, and Y3913
S8425	Custom grad glove med	Prior authorization required
S8426	Custom grad glove heavy	Prior authorization required
S8427	Ready gradient glove	Replaces Y3905, Y3906, and Y3908
S8428	Ready gradient gauntlet	Replaces Y3907
S8429	Gradient pressure wrap	Prior authorization required
S8430	Padding for comprsn bdg	Prior authorization required
Y3620	Incontinence Pants	Replaces S8400

**Michigan Medicaid Revisions for HCPCS Codes Effective for Medical Suppliers,
DME Dealers, Orthotists, and Prosthetists 2-1-02**

HCPCS*	Short Description	Comments
A4253	Blood glucose/reagent strips	To report, list appropriate quantity. (Each unit = "50" strips.) WW, WX & WY modifiers no longer necessary.
A4259	Lancets per box	To report, list appropriate quantity. (Each unit = a box of 100) WW, WX & WY modifiers no longer necessary.
A4245	Alcohol wipes per box	To report, list appropriate quantity. (Each unit = a box of 100) WW & WX no longer necessary.
A4247	Betadine/iodine swabs/wipes	To report, list appropriate quantity. (Each unit = a box of 50) WW, WX & WY no longer necessary.
A4635	Underarm crutch pad	To report, the repair/replacement modifier is no longer required
A4636	Handgrip for cane etc	To report, the repair/replacement modifier is no longer required
A4637	Repl tip cane/crutch/walker	To report, the repair/replacement modifier is no longer required
A4640	Alternating pressure pad	To report, the repair/replacement modifier is no longer required
A4660	Sphyg/bp app w cuff and stet	Use for other diagnoses other than dialysis related
A4663	Dialysis blood pressure cuff	Use for other diagnoses other than dialysis related
A4670	Automatic bp monitor, dial	Use for other diagnoses other than dialysis related
A4927	Non-sterile gloves	Use for other diagnoses other than dialysis related
L4000	Repl girdle milwaukee orth	To report, the repair/replacement modifier is no longer required
L4010	Replace trilateral socket br	To report, the repair/replacement modifier is no longer required
L4020	Replace quadlat socket brim	To report, the repair/replacement modifier is no longer required
L4030	Replace socket brim cust fit	To report, the repair/replacement modifier is no longer required
L4040	Replace molded thigh lacer	To report, the repair/replacement modifier is no longer required
L4045	Replace non-molded thigh lac	To report, the repair/replacement modifier is no longer required
L4050	Replace molded calf lacer	To report, the repair/replacement modifier is no longer required
L4055	Replace non-molded calf lace	To report, the repair/replacement modifier is no longer required
L4060	Replace high roll cuff	To report, the repair/replacement modifier is no longer required
L4070	Replace prox & dist upright	To report, the repair/replacement modifier is no longer required
L4080	Repl met band kafo-afo prox	To report, the repair/replacement modifier is no longer required
L4090	Repl met band kafo-afo calf/	To report, the repair/replacement modifier is no longer required
L4100	Repl leath cuff kafo prox th	To report, the repair/replacement modifier is no longer required
L4130	Replace pretibial shell	To report, the repair/replacement modifier is no longer required
L4392	Replace AFO soft interface	To report, the repair/replacement modifier is no longer required
L4394	Replace foot drop splint	To report, the repair/replacement modifier is no longer required
L5700	Replace socket below knee	To report, the repair/replacement modifier is no longer required
L5701	Replace socket above knee	To report, the repair/replacement modifier is no longer required
L5702	Replace socket hip	To report, the repair/replacement modifier is no longer required
L5704	Custom shape cover BK	To report, the repair/replacement modifier is no longer required
L5705	Custom shape cover AK	To report, the repair/replacement modifier is no longer required
L5706	Custom shape cvr knee disart	To report, the repair/replacement modifier is no longer required
L5707	Custom shape cvr hip disart	To report, the repair/replacement modifier is no longer required